



DEPARTMENT OF MENTAL HEALTH

APPEAL GUIDELINES: DENIAL OF ELIGIBILITY BASED ON NEED FOR DMH CONTINUING CARE SERVICES

Who may file an appeal?

A determination by the Department of Mental Health (DMH) that an applicant is not eligible to receive DMH continuing care services based on need may be appealed by the applicant, the applicant's legally authorized representative, if any, or a person designated by the applicant when there is no legally authorized representative.

How is an appeal filed?

An applicant, legally authorized representative or designated representative must submit a written statement to the Area Director or designee indicating the basis for the appeal. This written statement must be submitted within thirty (30) business days of receiving the notification of denial of eligibility. The applicant, legally authorized representative, or designated representative may submit additional information that might support the reversal of the denial. The written statement must be submitted to **(name/title/address)**.

How is the appeal decided?

The Area Director or designee shall hold an informal meeting with the applicant, legally authorized representative or designated representative. The purpose of this meeting is to ask questions and resolve any issues. The informal meeting shall be held within twenty (20) business days of receiving the written statement. The applicant, legally authorized representative, or designated representative will receive written notice of the decision.

What happens if the Area Director does not reverse the denial of eligibility?

If the denial of eligibility is not reversed by the Area Director, the applicant, legally authorized representative, or designated representative may petition the Department of Mental Health Commissioner or designee for a fair hearing pursuant to 104 CMR 29.15(5). The petition for a fair hearing must be submitted in writing within ten (10) days after receiving the Area Director's written decision.